



ISG-Cultural Competency Committee 5-17-06 Meeting Minutes

Attendees: Renaldo Fowler, Gwenda Gorman for John Lewis, Carmen Green for Sherri Collins, Pam Mason, Dr. John Molina, Gloria Payne, Ramona Quihuiz, Rona Rehman, William Santiago, Samantha Tunis, Jill Wendt, Rick Ybarra

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMRS.
		The May 17, 2006 Meeting of the ISG Cultural Competency	
		Committee was a decision-making meeting. The group defined	
		specific tasks from the ISG Committee Action Planning Matrix that	
		they would concentrate their immediate efforts on. This is directly	
		related to the Cultural Competency's Quarterly Status Report to the	
		Task Force scheduled to be given on May 24, 2006. Additionally,	
		Dr. Molina's Community Survey/Questionnaire is in draft form and	
		was distributed to the committee members for their review and	
		comment (by next meeting).	
Welcomes and	John W. Molina,	Dr. John W. Molina, AHCCCS Medical Director, and Mrs. Jill	
Introductions	MD; AHCCCS	Wendt, ADHS-OCSHCN Executive Consultant welcomed all the	
	Medical Director and	members to the May 17, 2006 ISG Cultural Competency Meeting.	
	Mrs. Jill Wendt,		
	Executive		
	Consultant, ADHS-		
	OCSHCN		

		Mrs. Wendt advised the members that all Integrated Service Grant information relating to this and all other Committees, and to the ISG Task Force, can be found on the website www.azis.gov Mrs. Wendt also directed the Committee to visit the Northern Arizona Regional Behavioral Health Authority (NARBHA) website (www.narbha.org). NARBHA is a local, nonprofit organization based in Flagstaff, Arizona, that contracts with ADHS, and manages the publicly funded behavioral health system in the northern part of Arizona. The State mandated that the Arizona RBHAs (Regional Behavioral Health Authorities) have a Cultural Competency Plan in place that enables all the statewide RBHAs to work together and collaborate on information. They have a Cultural Competency Plan that is accessible through their website and it would be helpful for this committee to review. It was noted that all programs. and state agencies should have a	*Visit www.azis.gov for all information on the Integrated Services Grant Committees and Task Force. *Visit www.narbha.org for information on the Northern Arizona Regional Behavioral Health Authority. *NARBHA (and other state RHBAs) have a Cultural Competency Plan in place that help guide the RBHA's in their programs.
Community Survey	Dr. Molina	Cultural Competency Plan. Handed out the Community Survey to all the Committee members. The survey was developed as a strategy tool for Task 1 of the Cultural Competency Committee's Action Planning Matrix. It is a data gathering questionnaire to evaluate the services and barriers by community agencies and individuals. It can be used to establish trust with the community and help identify the services needed. Also, to give us what barriers exist for services. This survey can be used for communities, families and providers. The committee members were asked to provide their feedback and comments for the next meeting.	*Members of the Committee were asked to email their feedback and suggestions on the Community Survey to Jill Wendt (wendtj@azdhs or tuniss@azdhs.gov) or Samantha Tunis.
Reporting to the Executive Task Force	Mrs. Wendt	Mrs. Wendt gave a background on the Committee Quarterly Status Report that is due, from each working ISG Committee, on May 24, 2006 to the ISG Task Force. The Committee Quarterly Status Report is given to the Task Force on a quarterly basis (currently) and is directly linked to the ISG Cultural Competency "Committee Action Planning" Matrix (commonly called the "Action Matrix"). The Action Matrix outlines the goal and the six (6) grant-mandated tasks specific to the Cultural Competency Committee. The Status Report can also be used by all ISG subcommittees to recommend projects and implementation of actions and strategies.	*Committee Quarterly Status Report form on the website and in Cultural Competency binders (paper form) *Cultural Competency Committee Action Planning Matrix on website and in binders (paper form)

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Task of the Cultural Competency Committee: Goals & Elements	Group Discussion	The Committee engaged in a group discussion and a group Affinity Chart to help further delineate and define the specific tasks that they will be focusing on in the coming months. The Cultural Competency Committee will address all 6 tasks of their Action Matrix throughout their Committee tenure, but chose Tasks 1, 2 and 5 as the immediate tasks to undertake. This will be included in the first quarterly report to the Task Force (5-24-06).	*Committee members decided to focus on Tasks 1, 2 and 5 from the ISG Cultural Competency Committee Action Planning Matrix for immediate action in the upcoming months *The Committee will address all 6 tasks outlined in the Action Matrix throughout the 3 year span of the grant but defined the top 3 tasks for immediate focus
Task of the Cultural Competency Committee: Goals & Elements (con't)	Mrs. Wendt	Advised the group that they will concentrate on these 3 tasks for the next meeting and to bring their individual responses to the meeting so priorities can be established. As the group moves into prioritizing actions steps for each task, we will be able to see what and where barriers may exist, and where the opportunities for integration of services or service coordination can be implemented and maintained.	*Committee members will provide responses and feedback on Task 1, 2 and 5 at their next (June 21st) meeting.
	Dr. Molina	As you are out in the field or in your offices, keep the survey and the matrix handy so if you get an idea or have a question, you can write it down. As you can see from the Matrix, there was a large discussion on Task #1; Task 2 has some information to begin with, and Task 5 has a few sentences as well. So we have a starting point. And next meeting we will expound on these tasks.	*Cult Comp Action Matrix has outcomes, strategies, and actions already noted within. Use as a guide.

	Mrs. Wendt	Within the department, I am getting requests to review materials (flyers, pamphlets, policies, website information) for Cultural Competency. It is a review that is not necessarily "translation", but that the information reads easily, is understandable and family-friendly. For example, the terms used such as disability versus cognitively impaired. We, as a Committee, want to begin a review of the materials and resources that are already in place from different organizations and agencies. And the best way I found to actually do this review is to have something similar to a "Provider Manual" that has a basic outline of "how to proceed" (on different processes) or "what to do" and "what to record", etc. Most organizations already have something like this and that is why I directed you to the NARBHA website, so you can review their resources.	*Members to review their own programmic information and materials (websites included) to see if culturally competent in nature, or if any updating is needed. *Members to send Jill Wendt emails if possible on the their own program or organization's materials and resources. *Any defined need from this review will be discussed and reviewed by the Committee.
	Mrs. Wendt	Handed out information on The National Child Traumatic Stress Network (www.nctsn.org) This may be something that we can respond to and review. If we agree with the recommendations or portions of the website, we can maybe have a link to it. We do not want to link other sites to/from our website unless we have reviewed it and agree upon the content, how it reads, etc. If you get an opportunity to look at this, please provide comments back to me or Dr. Molina. As Renaldo has mentioned, we want to be careful about what constitutes an "endorsement" and what is just informational in nature.	*Review the National Child Traumatic Stress Network handout and/or website (www.nctsn.org) for any ISG web-links that can possibly be made *ISG webpage links can also be made to any Committee Member's organizations/agenc(ies) websites
Questions/Discussion s	Renaldo Fowler, AZ Center for Disability Law	Renaldo (Fowler) asked if there was a disclaimer on our website. Mrs. Wendt informed Renaldo that the entire agency (ADHS) had a general disclaimer in regards to information disseminated.	

Lillie (Sly) asked if the Cultural Competency Committee had any specific vision or mission that we can be attached to, so people feel that they are included.

Mrs. Wendt clarified that on all the Cultural Competency Committee agendas, the purpose of the committee is outlined on the top. The actual purpose of this committee is to provide oversight and recommendations to the Integrated Task Force and all other subcommittees and function as a voice for the traditionally underrepresented and underserved.

The Task Force has a vision, a mission and a purpose statement. The Task Force's Mission is to enhance the service delivery system for children and youth with special health care needs and their families, through a partnership approach to identifying needs, designing and implementing system change building on existing efforts, and evaluating the outcomes achieved through an integrated screening and care coordination pilot study.

The ISG Task Force Purpose is to facilitate the development of partnerships between agencies and communities to evaluate the service delivery system for CYSHCN (spell this out, children and youth with special health care needs) and make recommendations on more effective community-based systems.

At the end of the grant (2008), the Task Force will be developing a white paper to the Governor that will include all committees' and task force recommendations.

*Will have Cultural Competency Committee purpose and Task Force vision/mission statements on display in future meetings.

*Also refer to website and ISG Cultural Competency binder under Table of Contents #4, for a list of each Committee's Goals and Tasks.

*At the end of the grant in 2008, ISG will develop a white paper to Governor that will include all committees' and task force recommendations.

M	Ars. Wendt	One of the things to remember is that the six (6) items that were written as tasks on the Action Matrix are things that were written into the grant before we got involved. These are tasks that we really want to concentrate on because they are outlined by the grant. Albeit, task one encompasses a generalized (and large) area, but once we start to prioritize by need and by time, this and the other tasks may be easier to address.	
		We want to focus on special needs children and youth and make systems more readily available to them, and one way is to address the children and youth in a culturally appropriate way.	
		As we go on, (the grant goes through 2008), we can add to the tasks or even add <i>within</i> the tasks, but we don't want to take away anything.	
A	Mrs Lillie Sly, Arizona Department f Education	What about the Performance Measures, Strategies, and Actions? Can we add to them?	
M	Irs Wendt	Yes.	
		Another item I would like to bring up for the next meeting is that we have a Parent Training Module that parents helped us develop, but it has not been disseminated to the public yet. Parents of children with special health care needs volunteered to work with our OCSHCN staff to come up with a training module that would serve other parents that are "in the system" (working through it). It's about ready to go public after the 5 th floor approves it. This is an important document for us to get involved with to review for culturally competent material, not to mention the valuable parent-friendly training information that it contains.	*Parent Training Module is in final stages of approval before dissemination to public. The Cultural Competency Committee will try to obtain a copy prior to public release.

Announcements	Mrs Wendt	*Try to engage families and youth in next couple meetings so feedback can be obtained (the Community Development Initiative <cdi-az> are the parent team./leaders that work with ADHS-OCSHCN) *Want to try and connect to more families *Conference calling option offered for future meetings Note: Would rather have members in person but conference calling is an option. *Possible treats for next meeting *Will see if Sickle Cell Program can participate in next meeting</cdi-az>
Next Meeting Specifics	Dr. Molina and Mrs. Wendt	*Review Questionnaire/Community Survey and bring comments *Tasks 1,2 & 5 from the Action Matrix and bring forth ideas *NCTSN handout- (The National Child Traumatic Stress Network) to review and comment on for appropriate linkage *Parent Module – Jill W. will try to obtain a copy *Any program materials from Committee members (within their own organizations/agencies) that they think would be appropriate for the Cultural Competency Committee to review and/or research for coordination purposes.
Next Meeting:		June 21, 2006 1pm – 3pm ADHS Bldg., Room 345A